



IN-TOWN FALL FIDDLE-STIX LEAGUE

This in-town fall lacrosse league is focused on pure fast-paced fun! How many times have you seen kids playing with Fiddle-Stix between games at tournaments or at home? It seems whenever you combine some boys, some Fiddle-Stix, & 2 small goals, a game breaks out. With little adult intervention or structure they are practicing the fundamentals of lacrosse and having loads of fun. This is the environment we are going to create in this league.

This league is exclusively for **Boys in grades 7 & 8 and HS boys**. Program runs Saturdays, September 13, 20, 27 & October 4, 11, 18, 2014 from 4:00pm to 5:00pm at Turf 2. There will be no make-up dates for weather cancellations. Players will be using mini "Fiddle-Stix", small soft balls, small goals, and standard gloves. The pace is guaranteed to be fast and bragging rights are at stake.

Cost is \$40.00 for Bridgewater-Raritan residents. Checks made payable to "**Bridgewater Lacrosse Inc.**". Each participant must have his own "Fiddle-Stick" and gloves. If you have any questions on this, please email jeckert@bridgewaterlacrosse.com.

Each participant must have a valid US Lacrosse membership with an expiration date no earlier than 11/1/2014. The annual membership cost is \$25.00 and is required for all Bridgewater lacrosse programs. To become a member or extend your membership go to: www.uslacrosse.org or call (410) 235-6882 x 102. Your son's membership must be linked to "Bridgewater Youth Lacrosse".

For more information contact Jim Eckert at jeckert@bridgewaterlacrosse.com or check out our website at: www.bridgewaterlacrosse.com.

⇒ **Registration Deadline:** Friday, September 5, 2014 ⇐
by 5:00pm at the Bridgewater Recreation Department, 100 Commons Way

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2014 Fall Fiddle-Stix League

\$40.00 checks payable to "Bridgewater Lacrosse Inc."

Last Name: _____	First Name: _____
Mailing Address: _____	Town: _____ Zip: _____
Home Phone #: () _____	Parent Cell #: () _____
Parent's First & Last Name: _____	Date of Birth: _____ US Lax#: _____ Exp Date: _____
Parent's E-mail Address: _____	Grade as of 9/2014: 7 8 9 10 11 12

(Please print legibly)

Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

_____/_____/_____
Date